

PART B - FEE(S) TRANSMITTAL

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7590

11/05/2003

David Spolter
1590 Coast Walk
La Jolla, CA 92037



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DAVID SPOLTER	(Depositor's name)
David Spolter	(Signature)
11-26-03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/696,791	10/25/2000	Joan M. Robbins	480124.407	4714

TITLE OF INVENTION: RIBOZYME THERAPY FOR THE TREATMENT OF PROLIFERATIVE SKIN AND EYE DISEASES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	02/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LACOURCIERE, KAREN A	1635	514-044000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 LAW OFFICE OF
2 DAVID SPOLTER
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

IMMUSOL, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SAN DIEGO, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501559 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

David Spolter

(Date)

11-26-03

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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01 FC:2501

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01 FC:8001

15.00 DA

TRANSMIT THIS FORM WITH FEE(S)



B#

PATENT
Our Docket: P-IMM 1003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of
Robbins and Tritz

Serial No: 09/696,791

Filed: October 25, 2000

Title: RIBOZYME THERAPY FOR
THE TREATMENT OF
PROLIFERATIVE SKIN AND
EYE DISEASES

Commissioner for Patents
Alexandria, VA 22313-1450

) Issue Fee Conf. No.: 4714
) Art Unit: 1635
) Examiner: K. Lacourciere

) I hereby certify that this correspondence
) is being mailed first class to the United
) States Patent and Trademark Office on
) November 26, 2003.

David I. Spolter
David Spolter, Reg. No. 36,933

November 26, 2003

Date of Signature

TRANSMITTAL REGARDING PAYMENT OF ISSUE FEE

Sir:

In response to the Notice of Allowance mailed November 5, 2003, enclosed are:

- X 1. Form PTOL-85 (with duplicate copy);
- X 2. Statement
- X 3. Check No. 1211 in the amount of \$665.00 to cover payment of the Issue Fee.

Please charge any additional fee or credit any overpayment to Deposit Account No. 501559. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

November 26, 2003
Date

David I. Spolter
David I. Spolter
Registration No. 36,933
LAW OFFICE OF DAVID SPOLTER
1590 Coast Walk
La Jolla, California 92037
858-459-2934